



Health Communication in the Digital Age in Disease Prevention Efforts Dengue Fever (DB) in Tasikmalaya City

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Abstract. Dengue Hemorrhagic Fever (DHF) is a mosquito-borne disease that occurs in tropical and subtropical areas. This disease is an acute febrile disease caused by the dengue virus, which causes headaches, pain in the eyes, muscles, and joints to spontaneous bleeding. The Indonesian Ministry of Health recorded 68,614 cases of dengue hemorrhagic fever (DHF) cumulatively in 2021. The number of deaths caused by DHF in Tasikmalaya City was still very high. Cases of death caused by dengue in Tasikmalaya are included in the top 10 in Indonesia. Tawang sub-district became the sub-district with the most dengue cases, namely 112 cases with 3 deaths. Prevention services for dengue hemorrhagic fever are vital for the community. The role of the puskesmas becomes important in providing action, preventive, or prevention services. One prevention effort can be made by inviting the public always to practice 3M PSN. Communication has become essential in this regard. With the development of technology, health communication currently uses the internet more. Communication that usually uses conventional methods is now shifting to social media such as Facebook, Instagram, Whatsapp, and many others. Data analysis using interactive model qualitative analysis. This study uses a qualitative method that prioritizes the depth of research. Data was collected through interviews, documentation, and observation.

Keywords: Prevention · Dengue Hemorrhagic Fever (DHF) · Digitization

1 Introduction

Dengue Hemorrhagic Fever (DHF) is a disease that has a high probability of occurring in countries located in the sub-tropics. In Indonesia, dengue often becomes an annual outbreak during the rainy season. One of the diseases that the government and the people of Indonesia must be wary of is that not a few people infected with this virus later die. The World Health Organization (WHO) states that dengue hemorrhagic fever is still a world health problem [1]. So, this disease, from year to year, is always a concern for the community.

DHF was first discovered in Indonesia in 1968 in the City of Surabaya, where 58 people were infected, and 24 of them died. Since then, dengue fever has spread to almost every city in Indonesia (Ministry of Health, 2010). According to the Ministry of Health of the Republic of Indonesia, from 2012 to 2014, cases of dengue fever increased in

2013. A year later, it decreased, but the death rate from dengue fever was still relatively high, namely more than 100 people (Ministry of Health, 2014).

The Indonesian Ministry of Health informed that throughout 2021, cumulative DHF cases in Indonesia reached 68,614 cases, with deaths reaching 664 people (Indonesia, 2022). West Java Province is one of the endemic areas for DHF in Indonesia. The graph of DHF in West Java Province tends to increase yearly. In 2017, all districts/cities in West Java experienced dengue outbreaks [2].

In 2016 the Indonesian Ministry of Health, through health offices throughout Indonesia, created a movement called “1 Rumah 1 Jumantik” by inviting the public to participate. This movement is a program for eradicating mosquito nests that invite the community to play an active role in preventing mosquito breeding, especially *Aedes* spp mosquito larvae [3].

Tasikmalaya is a city in the top 10, with the highest dengue fever rate and the first-highest death rate in Indonesia. From January to May 10, 2022, the Tasikmalaya City Health Office recorded 736 cases of dengue fever, with 14 deaths. Most cases of DHF in Tasikmalaya City are in Tawang District, with the number of cases reaching 52. Then there are 49 cases in Kawalu District, 47 cases in Mangkubumi District, 28 cases in Cipedes District, 27 cases in Tamansari District, 25 cases in Cibeureum District, 20 cases in Cihideung District, 18 cases in Bungursari District, 18 cases in Purbaratu District and 16 cases in Indihiang District. 2022). Tawang sub-district is the sub-district with the most dengue cases. There are two Puskesmas in Tawang District. The first is the Tawang Health Center, and the second is the Kahuripan Health Center.

Overall, the efforts made by the Indonesian government are still ineffective because every year continues to increase. Some cases even fall into the category of extraordinary events (KLB). Several regions in 2020 set an outbreak of dengue cases, including Bangka Belitung Province, precisely in Belitung Regency, Central Java, there are six villages, and NTT Province, namely Alor, Sikka, and Lembata. In general, the government already has a mosquito nest eradication program (PSN) which has been running since 1992, with the 3M movement, namely burying-covering- draining. This mosquito nest eradication program is the main activity in preventing dengue involving the community. The main obstacle faced is the lack of community participation which is the key to the success of the 3M movement. This program, which has been running for a long time, cannot run optimally because there is a factor of saturation and routine that often does not get attention. Making the public understand the importance of the community's role in eradicating this mosquito nest using proper communication and getting more attention.

One of the appropriate ways of communication can be done by the Tasikmalaya City government by increasing health communication through health centers or counseling on the dangers of DHF, using digital technology developments available through social media such as Facebook, WhatsApp, Instagram, and other social media.

According to the Ministry of Health, dengue is an infection caused by the dengue virus. While dengue is a virus transmitted by mosquitoes, *Aedes* Sp. This mosquito is the mosquito with the fastest growing process in the world, which has caused nearly 390 million people to be infected every year (Pusdatin Kemenkes, 2018).

In a journal written by Maria AL Dawe et al., DHF is influenced by various factors, one of which is behavioral factors, either community behavior or health worker behavior.

One of the behavioral factors is knowledge. The study stated that respondents with poor knowledge had 3.4 times the opportunity to take bad actions compared to respondents with good knowledge [4].

In PERMENKES No. 43 of 2019, that puskesmas is a health facility that organizes public and first-level individual health efforts by prioritizing promotive and preventive efforts in their working areas. Further explained by Andi Umardino et al. in his journal, Community Health Center is a health technical implementing unit under the supervision of the District/City Health Office. Puskesmas must provide preventive, promotive, curative, and rehabilitative services [3]. In other words, the puskesmas is the foremost officer who must communicate with the community regarding handling dengue cases. So, communication becomes something important in terms of This is a form of communication by the Community Health Center to the community to understand the prevention efforts that must be carried out.

Communication is a form of delivering or exchanging messages from the sender to the recipient, whether done individually to individuals, individuals to groups, groups to groups, or groups to individuals. In the journal written by Alponia Pala, communication can occur anywhere and anytime. Also, communication can be done face-to-face/directly orally or face-to-face or through other media such as telephone or writing such as correspondence [5]. Concerning health communication, Alponia Pala states that health communication is defined as the modification of human behavior and social factors related to behavior that directly or indirectly promotes health, prevents disease.

Today the world has entered the era of globalization with products produced by globalization, one of which is the internet. The internet is becoming frequently used by people worldwide to exchange information and messages. The effect of the emergence of the internet is the presence of digitization. According to [6], digitization is changing media from print to electronic form. Marilyn Deegan also conveyed the same opinion in [7], which means that digitalization is the process of converting all forms of presentation of printed or other documents to presentation in digital form. In this case, converting documents in question, including audio, video, and others, into digital form to minimize risk.

Health communication that is done digitally can be done through digital media, namely, social media consisting of WhatsApp, Facebook, Instagram, TikTok, and also web sites and many more. Health communication is more effective and efficient in providing health services to the community. This is proven in the journal Alponia Pala.

2 Methods

This study uses a qualitative approach. The unit of analysis of this research is the stakeholder of the policy maker, namely the Tasikmalaya City Health Office, the policy implementer, namely the puskesmas, and also the community as the object of the policy, in this case, the health center that is the object is the Tawang Health Center and Kahuripan Health Center, as well as the Tawang District community. Data collection was done by interview, observation, and also documentation. Data collection was carried out from June 20, 2022, to July 11, 2022. Qualitative was considered appropriate for knowing local behavior and culture. Study This is descriptive qualitative research. Data analysis techniques or data validity using data source triangulation techniques.

3 Results and Discussion

Based on the results of research conducted by the author, the Tawang Health Center conventionally communicates with the community, namely, they carry out direct socialization with the community regarding DHF in recitation events and local RT/RW groups. The Kahuripan Health Center also did the same thing. They communicated directly, namely outreach to the community, by attending recitation events. In the event, they explained the dangers of DHF and how to prevent DHF recommended by the government. Here is the interview.

“The prevention efforts we do are more direct outreach to the community. We usually socialize when the community gathers at the Rwan and recitation. Usually, we ask for about 15 to 10 min to carry out the socialization.” (Resource Person 1: Tawang Health Center)

“Our efforts so far are still using the method of direct socialization to the community. Yes, we come to their recitation, then we explain about DHF and others.” (Resource Person 2: Kahuripan Health Center)

Tawang and Kahuripan Public Health Centers socialization regarding DHF when cases emerged. The socialization carried out by puskesmas officers was not carried out on a scheduled basis. This was conveyed by the two health centers in interviews conducted by the author, following the results of interviews conducted by the author with the Tawang and Kahuripan Health Centers:

“If we do not have an honest schedule, we usually do socialization if there are cases that arise in the community. For example, it is not routinely carried out once a month. There is no such thing. If there is a new case, we will do the socialization” (Resource 1)

“What do you mean by regular schedule? If there is no regular schedule, it is just that if, for example, cases increase or there are many, we become more frequent in conducting outreach to the community. Maybe twice a week, we carry out socialization.” (Source Person 2)

The use of social media in communicating with the public only uses WhatsApp. Of the five social media asked by the author, namely WhatsApp, Facebook, Instagram, TikTok, and websites, only WhatsApp is used to communicate directly with the public. The use of WhatsApp by creating a group containing posyandu cadres, later posyandu cadres will get health information, including DHF in the group. This WhatsApp group's allocation is not only special for DHF but also other information related to DHF. The following is an interview conducted by the author with the resource person:

“If we want to use social media as an invitation, we have not tried it yet. We only do outreach directly to the community. Continue to use the social media that I mentioned earlier. Maybe we only use WhatsApp. So on WhatsApp, we have a group whose contents are posyandu cadres, so when there is information about health or dengue, we usually provide information in that group” (Informant 1)

“I have not tried to invite through social media yet, because first, we have limitations in human resources, so there is no one who focuses on managing the media here. Also, sometimes we are confused about what kind of content to create. We have ig and FB. It is just like that. No one takes care of it” (Resource Person 2)

The communication carried out by the Tawang and Kahuripan Health Centers was carried out directly. The use of social media as a communication tool with the community

has not been implemented optimally. It can be seen from the five media that the author asked about their use, only WhatsApp has been used. The two health centers only have their accounts for using social media, such as Facebook and Instagram. Content that contains invitations or health content is still very minimal. For the use of the website, the two puskesmas said that the centralized website only the Health Office had it. So health information is only available on the website of the Health Office.

Health Communication in the Digital Age

Communication is the process of delivering information or messages from the giver information to the recipient of the information. The recipient of this information can be an individual or group, and the giver of information can be individually or in groups. Communication in the social environment of society can use various media. This can be done face to face, by telephone, or by writing.

Communication in life can occur anytime and anywhere. This is related to humans as social beings who require interaction with their environment so that at that time, communication occurs. Nowadays, in line with the times, information technology is also developing. With the existence of information technology, everything has become simple, for example, in terms of communication. Of course, the development of information technology has an impact on health communication.

According to Azrul Azwar, health is a dynamically balanced state between the form and function of the body and various factors that try to influence it [8]. This means that health is a balanced condition in the human body due to various factors that can affect it, such as exercising, maintaining cleanliness, eating nutritious food, and others. In Law Ri No. 36 of 2009, health is a state of health, both physically, mentally, and physically, spiritual and social aspects that enable every living being to live economically. Then the combination of communication and health produces healthy communication.

Health communication is a systematic effort that positively influences the practices of a large population of health. Health communication is part of communication carried out by individuals or groups that focus on the health sector and strive to maintain their health [9]. The main target of health communication is to improve health related to health practices and status [10]. Furthermore, health communication is defined as human behavior and social factors directly or indirectly related to promoting health, maintaining health, preventing disease, or keeping individuals in danger [10].

It is undeniable that the development of information technology has resulted in high-speed internet, making everything more practical. Communication that was previously done conventionally through extension workers has shifted to communication in the form of consultations conducted through social media such as WhatsApp, Facebook, Instagram, Youtube, and websites. This convenience is due to the rapid development of information technology. People needing health information can consult doctors, health workers, and puskesmas officers. Included are health communication in terms of preventing dengue hemorrhagic fever (DHF), many articles, and content inviting the public not to be attacked by DHF.

Health Center as a Health Service Institution

In Permenkes No. 43 of 2019, the public health center (PUSKESMAS) is a health service facility that organizes first-level public and individual health efforts by prioritizing promotive and preventive actions to achieve the highest level of health (Permenkes RI No. 43 of 2019). In this case, the Community Health Center (Puskesmas) is at the forefront in inviting the community to avoid dengue fever.

Puskesmas is a government health institution that has direct contact with the community. Of course, it can be seen that puskesmas are in every sub-district. Even in the latest regulation, puskesmas may be built in remote and very remote areas with the determination of the regent/mayor.

In accordance with Permenkes No. 43 of 2019 concerning Puskesmas, Puskesmas services include individual and community services. The principles of implementing the Puskesmas include a) a healthy paradigm; b) regional accountability; c) Community independence; d) Equity; e) Appropriate technology; f) Cohesiveness and continuity. The task of the Puskesmas is to carry out health goals to achieve health goals in its working area to support healthy sub-districts. The functions of the Puskesmas are a) Organizing the first UKM (Community Health Efforts) at its working level; b) Implementation of the first level UKP (Individual Health Efforts) in its working area.

Based on data obtained by the author from the Health Office of Tasikmalaya City, as of June 15, 2022, the highest dengue cases were in Tawang District, with 147 cases. Tawang Subdistrict has 2 Puskesmas, namely Kahuripan Health Center and Tawang Health Center. Of the 2 Puskesmas in Tawang District, Kahuripan Health Center has the most cases of DHF. There were 104 successful cases in the data at the Kahuripan Health Center.

Efforts to Prevent DHF in Tasikmalaya City

Based on the author's interviews with the Health Office of the City of Tasikmalaya, there is no special program carried out by the Health Office of the City of Tasikmalaya for the prevention of DHF. The program is carried out in accordance with the central government, namely by eradicating mosquito nests (PSN) 3 M (draining, burying, and closing). Draining is an effort to clean nests or media likely to become mosquito habitats, such as draining the bathtub, cleaning flower vases, animal feed containers, or even dispenser mats. The findings of the Tasikmalaya City Health Office in the field are that many people are unaware of the importance of cleaning places or media that are likely to become mosquito nests. The Tasikmalaya City Health Office found mosquito larvae behind the refrigerator that had never been cleaned.

The next step is burying. What is meant here is burying items that are not used and burying items that can hold water. It can be a medium or a place for mosquitoes to nest. There are so many items that if it rains, they can hold water, then the water is not exposed to the sun, so the evaporation process does not run smoothly. Utilize or recycle used goods that have the potential to become a landfill or dispose of them in certain trash cans.

The next step is closing, which is an activity carried out by the community that becomes a water reservoir and has the possibility of becoming a mosquito nest. Such

as closing water storage areas, closing places not exposed to the sun, and many other closing activities.

Efforts to Prevent DHF in Tasikmalaya City

Case management is an effort to break the chain of transmission, which includes epidemiological investigation (PE) activities and prevention of PSN focus, larvicides with fogging counseling. An epidemiological investigation is an effort to investigate/investigate the focus of dengue disease transmission, which includes search activities. Identify dengue infection and/or other suspected cases of dengue infection and inspect mosquito larvae that transmit dengue fever in the patient's residence and house/building, including public places within a radius of at least 100 m. The following is the procedure for managing dengue cases in Tasikmalaya City:

1. Patients who are confirmed to be positive for DHF report KDRS DHF.
2. Implementation of PE by the Puskesmas or accompanied by the Health Office
3. Follow-up of PE as follows:
 - a. If other patients with dengue infection (1 or more) are found and/or 3 or more people with fever without a clear cause/suspect dengue infection are found, and 5% of larvae are found from surrounding houses/buildings within a radius of at least 200 m, fogging or fogging is carried out twice. Cycles at 1-week intervals.
 - b. If no other sufferers are found, as mentioned above, but larvae are found, then community mobilization is carried out in 3MPlus PSN, selective larvicidation, and counseling.
 - c. If no other sufferers are found, as mentioned above, and no larvae are found, then counseling is carried out to the community.

The PSN 3MPlus movement has the benefit of killing mosquito larvae or breaking the mosquito life cycle chain. When people are infected with DHF, the community can report to the Tasikmalaya City Health Office through the Puskesmas. The Tasikmalaya City Health Office will follow up on the report by conducting: fogging or fumigation. Fogging is done to kill adult mosquitoes. Process fogging is carried out in two cycles. In the first cycle, fogging is done if there are mosquito larvae. The second cycle is carried out 7 days after the first cycle, the mosquito life cycle from laying eggs, larvae, pupae, and larvae to mosquitoes again 8–10 days. This is useful for cutting the mosquito life cycle and killing adult mosquitoes from discovering mosquito larvae. According to the Tasikmalaya City Health Office, fogging cannot be done if the PE result is negative, the community does not report to the Health Office, or the community does not implement 3 MPlus. Because fogging will only kills adult mosquitoes, fogging cannot kill mosquito larvae.

The last effort is to require the role of the community. The community has a big role in the success of the PSN 3M movement. The 3M PSN movement will not succeed without community participation. To help the community participate in the 3M PSN movement, the Tasikmalaya City Health Office issued a circular signed by the Mayor of Tasikmalaya. This circular contains an appeal from the Mayor to the sub-district, kelurahan, and head of the Puskesmas to implement the 3M PSN. The Tasikmalaya City Health Office deliberately issued a circular signed by the Mayor to become a priority for attention.

Health centers also carried out the same effort in Tawang District, namely Tawang Health Center and Kahuripan Health Center. Before doing fogging, the puskesmas conducts an epidemiological investigation (PE), which is an investigation that ascertains whether the condition is a mosquito breeding ground. After that, they carry out fogging.

The Community Health Center will move if it gets a report from the community.

For the community to carry out the 3M PSN movement, the Health Office tries to carry out socialization and education. Among the socialization and education, namely making posters or billboards for the Mayor that invites the public to carry out the 3M PSN. In addition, creative ways to invite people to carry out the 3M PSN movement are not limited. Like making a video that contains about how to implement 3M PSN.

Digital Health Communication at Tawang and Kahuripan Health Centers

Advances in technology and information in the current era are known as digitization or the internet because all information can be easily found, including health information related to DHF. Many articles discuss the prevention of DHF, including those that provide tips from doctors or experts in their fields.

Seeing the reality of life like this, many people focus on digitalization, one of which is the birth of social media. Of course, this poses challenges for health workers, especially in preventing DHF. Among these challenges is 1). Challenges for the world of health in using health communication in the digital era; 2). Better opportunities and expectations in terms of communication because the presence of digitalization or the internet certainly has a positive impact, although it cannot be denied that it also has a negative impact.

Using social media to communicate with the community should be possible and be an opportunity to prevent dengue. Various content regarding health, especially DHF, such as articles about the dangers of DHF, tutorials on the implementation of PSN, and updated data on DHF sufferers every day. Many social media sites, including Instagram, WhatsApp, Facebook, TikTok, and websites, can be used.

From the results of research conducted by the author at the Tawang and Kahuripan Health Centers, each health center is still not optimally using social media to communicate with the community. A conventional method is still an option often used by the Puskesmas.

The dense settlements in Kahuripan Village caused several people to be affected by dengue. The Kahuripan Public Health Center is the health center with the most dengue cases. There were 106 cases as of June 15, 2022. Especially when the Covid19 pandemic became the center of attention in 2020 yesterday, there were many places to stay in the form of boarding houses that were not inhabited. These uninhabited boarding houses were not kept clean, which caused many to find mosquito larvae in the bathroom, everywhere the dispenser mat was found have mosquito larvae, and in the flower vase where the water could not flow, mosquito larvae were also found.

Prevention efforts carried out by the Kahuripan Health Center are conducting an epidemiological investigation first, then controlling the focus of DHF according to the results of an epidemiological investigation. After that, carry out the prevention of dengue focus – PSN 3MPlus, larvicides, counseling, and finally, fogging. In addition, other efforts made by the puskesmas are educating the community. The education provided is in the form of inviting the community to carry out PSN 3M and conveying the dangers of DHF. The Tawang Health Center carried out the education by going directly to the

owner of the house that was found to be larvae, then to the whole community through recitations by asking for a moment to carry out education.

Apart from educational recitations, it is also carried out in posyandu events or by asking RW heads to move together to clean up. The Tawang Health Center also created a special WhatsApp group containing posyandu cadres, which included information about DHF and other health information. Besides that, WhatsApp groups containing posyandu cadres are also used to distribute maps of the distribution of dengue-prone areas and videos containing tutorials on implementing the 3M PSN. However, videos with DHF content were only distributed once by the Community Health Center.

The same condition also occurred at the Tawang Health Center, where the prevention efforts carried out by the Tawang Health Center were almost the same as the Kahuripan Health Center. The Tawang Health Center also has a WhatsApp group containing posyandu cadres.

The difference with the Kahuripan Health Center, the Tawang Health Center does not update the distribution of the DHF area map in Tawang Village. Other ways to educate the community include recitations, RW groups, and posyandu cadres. Of the two puskesmas in Tawang District, the use of social media to communicate with the community is still minimal. It is seen that only WhatsApp is used as a medium for maximum communication. Instagram, TikTok, Facebook, and the website are still not done optimally. The Kahuripan Health Center said that using Instagram and TikTok was still constrained by human resource problems. No one focuses on taking care of social media like Instagram and TikTok.

The Tawang Health Center has a reason it does not use social media such as Instagram and TikTok. This is related to the number of social media users.

Instagram and TikTok social media users in Tasikmalaya City, especially among families, are not as many as WhatsApp users. So they judge that, for now, it will not be effective if it is directly transferred to Instagram or TikTok.

The following is the use of social media at the Tawang and Kahuripan Health Centers.

From Table 1, it can be concluded that the use of social media as a tool for health communication with the community is still very minimal. It is seen that only WhatsApp has been used at its maximum. The use of WhatsApp is still unscheduled, in that content or information related to DHF is only distributed when there are cases or high cases.

Table 1. The Use Of Social Media At The Tawang and Kahuripan Health Centers

Social media	The party who Use	How to use	Usage Status
Instagram	There are not any	–	Have not been used
Tiktok	There are not any	–	Have not been used
Whatsapp	Tawang Community Health Center and health center Kahuripan	–	Used
Website	There are not any	–	Not used yet

4 Conclusion

DHF is a severe problem that must be immediately addressed by the Indonesian government or the City of Tasikmalaya government. Compared with Covid-19 patients, dengue fever sufferers always increase every year. This is only natural if the community, which is an essential element in the social structure, does not participate in preventing the danger of DHF. The world is entering a global era where one of its products is digitalization, where everything is digital-based, including communicating and conveying information.

Communication in the digital era can be used in various ways. Many media can be used as a communication tools, such as social media, Instagram, Facebook, TikTok, WhatsApp, and websites. Health communication is also an important thing that the public must know. The government can communicate health by using social media.

Of course, this is a challenge for people who are active in the world of health. Because if you cannot keep up with advances in technology and information, it will result in missing information. On the other hand, using it properly will lead to success and effectiveness in communicating, especially in health communication.

The findings obtained by the authors when conducting interviews with Tawang and Kahuripan Health Centers are that the use of social media by Tawang Health Centers and Kahuripan Health Centers is still not optimal as a tool to communicate with the community. So, the recommendation from the authors of the Tawang Health Center and the Kahuripan Health Center should be to maximize the use of social media to communicate with the community.

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